

You must mark at least one area of interest:

- ☐ Aids
- ☐ Affirmative Action
- ☐ Arts & Culture
- ☐ Banking & Finance
- ☐ Civil/Human Rights
- ☐ Construction
- ☐ Discrimination
- ☐ Domestic Violence
- ☐ Drug & Alcohol prevention
- ☐ Economic Development/Planning
- ☐ Education
- ☐ Elderly
- ☐ Environment
- ☐ Government
- ☐ Health Issues
- ☐ Historical & Preservation
- ☐ Human Services
- ☐ Judicial Systems
- ☐ Law Enforcement
- ☐ Mental Health
- ☐ Minority Rights
- ☐ Public Relations
- ☐ Real Estate
- ☐ Social Services
- ☐ Sports & Recreation
- ☐ Technology
- ☐ Urban Issues
- ☐ Victim's Rights
- ☐ Women's Issues
- ☐ Workforce Development
- ☐ Youth & Teen
- ☐ Other
- ☐
- ☐
- ☐

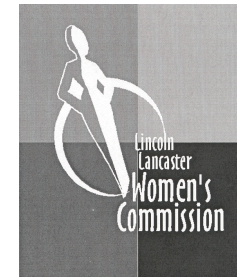
You must mark at least one area of expertise:

- ☐ Advertising
- ☐ Art & Graphics
- ☐ Computers
- ☐ Conflict Resolution
- ☐ Education
- ☐ Event Planning
- ☐ Finance
- ☐ Fundraising
- ☐ Grant Writing
- ☐ Health Care
- ☐ Human Resources
- ☐ Legal
- ☐ Marketing
- ☐ Media Relations
- ☐ Meeting Facilitation
- ☐ Music
- ☐ Photography
- ☐ Planning & Organizing
- ☐ Project Management
- ☐ Public Relations
- ☐ Science
- ☐ Public Speaking
- ☐ Sports & Recreation
- ☐ Team Building
- ☐ Writing
- ☐ Other
- ☐
- ☐
- ☐

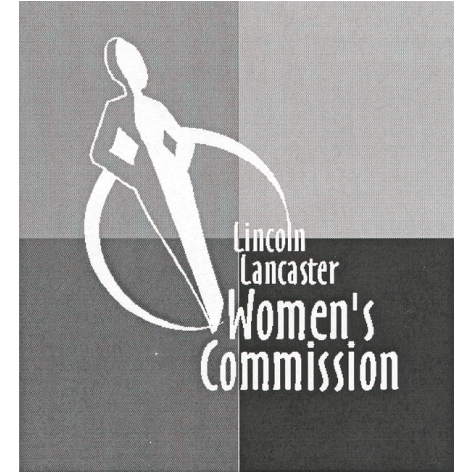
With my signature below, I accept and agree to the terms offered by the *Lincoln-Lancaster Women's Commission* for enrollment into the **Women's Leadership Board Recruitment** program. I understand that any and all personal and/or professional information submitted by me will be made available to those individuals seeking to place women on boards, committees, commissions or task forces.

Signature	Date
-----------	------

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.



Lincoln-Lancaster Women's Commission
440 S. 8th St., Ste. 100
Lincoln NE 68508
402/441-7716
FAX 402/441-6824
llwc@ci.lincoln.ne.us



Profit & Non Profit Boards

Enrollment Form

Lincoln-Lancaster
Women's Commission
440 S. 8th St., Ste. 100
Lincoln NE 68508-2294
402/ 441-7716
FAX 402/441-6824
llwc@ci.lincoln.ne.us

Welcome to the
Women's Leadership Board
Recruitment program, sponsored by
the Lincoln-Lancaster
Women's Commission.

We have many qualified women in
Lincoln and Lancaster County who
could serve their community well by
accepting "a place at the table," and
becoming involved with various
community affairs.

The purpose of this Enrollment Form is to
identify women for service and to glean
information about the candidate that can be
used to make comparable matches with
boards, commissions, and task forces that
seek to find potential females to place at their
table of leaders. After you have completed
this registration form, record this information
and detach this portion for your own personal
records.

LLWC POLICY

The Lincoln-Lancaster Women's Commission
(LLWC) has established the Women's Leadership
Board Recruitment (WLBR) program as a means
of keeping women informed and involved with
issues facing our community through board
participation. The Commission ensures that all
personal information is held strictly confidential.
Information relating to your name, address, phone
number or employment will not be released to
outside parties without prior consent. When you
enroll in WLBR, your profile will remain in the
program for one year. Only board development
representatives will be able to view candidate
profiles as it relates to experience, interests, skills
and availability. You will decide when, where and
how much information is given to an organization
seeking new board members. You will receive a
renewal notice prior to the one-year expiration
date. Once placed on a board, enrollment is
automatically canceled. You may withdraw your
registration at anytime with a written notice. Allow
3 to 5 working days to process the cancellation
request. LLWC reserves the right to remove any
candidate or organization from the program for
falsifying information, displaying inappropriate
information or action.

- CLIP AND SAVE FOR YOUR RECORDS -

CONTACT INFORMATION

First Name:

Last Name:

Home Address:

Mailing Address:

Municipality:

State/Zip:

Home Phone:

FAX:

Email:

☐ I don't have an email address.

EMPLOYMENT INFORMATION

Employer:

Address:

State/Zip:

Work Phone:

FOR OFFICE USE ONLY

Referral(s)

Date:

Agency:

Date:

Agency:

Date:

Agency:

Termination Date:

Renewal Date:

Placement Date:

Board Placed:

BACKGROUND INFORMATION

Education:

☐ High School

☐ 2-yr College

☐ 4-yr College

☐ Graduate

☐ Ph.D.

☐ Vocational/Trade

Professional Licenses or Certifications:

BOARD EXPERIENCE(S)

Please list current and past service(s).

DATE

BOARD NAME

VOLUNTEER EXPERIENCE(S)

List your volunteer experiences:

RACIAL/ETHNIC INFORMATION

Please check one:

☐ Asian

☐ Black

☐ Hispanic

☐ Native American

☐ Pacific Islander

☐ White

☐ Multiracial

☐ Other

Are you a citizen of the United States?

☐ YES

☐ NO

Are you a registered voter?

☐ YES

☐ NO

Do you work outside of the home?

☐ YES

☐ NO

***How did you hear of the Board
Recruitment program?***

☐ Radio

☐ TV

☐ Newspaper

☐ Cable

☐ Internet

☐ Friend Member

☐ Commissioner

☐ Word of Mouth

☐ Mailing

☐ Referral

YOUR AVAILABILITY

*Please indicate the amount of time you are
currently spending each month on volunteer
activities outside of your working hours:*

☐ 1-2 hrs

☐ 3-5 hrs

☐ 6-9 hrs

☐ 10-15

☐ More than 15 hrs

*Please indicate the amount of time you are
interested in spending each month working
on a board, task force or commission:*

☐ 1-2 hrs

☐ 3-5 hrs

☐ 6-9 hrs

☐ 10-15 hrs

☐ More than 15 hrs

***When are your best times to commit and
participate as a volunteer?***

☐ Anytime

☐ Mornings

☐ Lunch time

☐ 5-7 PM

☐ 6-8 PM

☐ 7-9 PM

☐ Saturdays AM

☐ Saturdays PM

☐ Sundays AM

☐ Sundays PM